_____WWSC USE ONLY
(Membership Number)

WAGON WHEEL SPORTING CLUB
MEMBERSHIP DATA INFORMATION

NAME: _____

ADDRESS: _____

_____

_____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: (**Cell**) _____

MEMBERSHIP DESIRED: Individual ***Family** Junior Corporate
(circle one) **$100** **$200** **$50** **$400**

***Additional Family Members**

1) _____ **Membership#**_____

2 _____ **Membership#** _____

3) _____ **Membership#**_____

WWSC Use Only

DATE: _____

PAYMENT: Cash_____ Check # _____

Credit Card: MC, VS, AMX, DISC

PHOTO TAKEN: _____

RENEWAL DATE: _____

NEW MEMBER _____

RENEWAL _____

Approved _____

Declined _____

Wagon Wheel Sporting Club reserves the right to refuse acceptance of a membership application that the Wagon Wheel Board of Directors deems to a be a detriment to the club, furthermore the Board of Directors has the authority to dismiss or terminate an existing membership that provides false information or exhibits conduct unbecoming of the rules and regulations of the Wagon Wheel Sporting Club.

Requesting Person's Signature: _____ Date: _____